FEC

STATEMENT OF

FORM 1	ORGANIZ/	ATION		
1 Ottown 1	(See instructio	ns)		Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
JOHN S FUND				
ADDRESS (number and s	treet) PO Box 853			
(Check if address is changed)				
	Edwardsville			62025 _ 0853
		CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-	mail address)		
(Check if address is changed)	mariae2910@hotma	il.com 		
COMMITTEE'S WEB I (Check if address is changed)	PAGE ADDRESS (URL)			
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER	C C00390831		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my kno	owledge and belief it is true, correc	t and complete	
Type or Print Name of ⁻	Freasurer Mary E Maxwell			
Signature of Treasurer	Electronically Filed by Mary E Ma	axwell	Date 03	13 2009
NOTE: Submission of fals	se, erroneous, or incomplete information ma	y subject the person signing this STION SHOULD BE REPORTE		
Office Use Only		For further information Federal Election Communication Free 800-424-953	mission	FEC FORM 1 (Revised 02/2009)